

CITY OF NEW ALBANY, INDIANA  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
NEW ALBANY CITY PLAN COMMISSION  
NEW ALBANY BOARD OF ZONING APPEALS  
CARL E. MALYSZ, DIRECTOR OF COMMUNITY DEVELOPMENT

Douglas B. England, Mayor

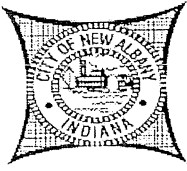
## APPLICATION REQUIREMENTS

In order for the staff of the New Albany City Plan Commission to expedite your request in a timely fashion, we ask that you follow these requirements:

1. The application and supporting materials must be submitted before the appropriate meeting deadline. **No exceptions.**
2. Once the application has been submitted with the required application processing fee, the staff will review the application at the next staff meeting (every Wednesday at 3:00 p.m.) to verify that all the required items in the checklist have been included. All items on the checklist provided must be submitted with the application or the request will not be assigned a Docket number. If items are missing, the applicant will be notified of the deficiency and the application will be held until the following month's meeting to allow the applicant time to submit those materials. If the applicant fails to submit the required items prior to the second deadline, a new application, including a new fee, will need to be submitted.
3. When the application is deemed complete by the staff, the request will be assigned a Docket number and will be placed on the appropriate agenda, and the applicant will be notified of that fact. At that time, the remaining application fee will be due, and the public hearing signs will be issued (as applicable).

Application Number \_\_\_\_\_

Docket Number \_\_\_\_\_



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Application Number \_\_\_\_\_

Docket Number \_\_\_\_\_

**Submission Checklist**

- Complete application**
  - The application must be filled out in its entirety where applicable in blue or black ink
- Scaled Survey or Site Plan based on a survey**  
 This survey/site plan must depict the following items:
  - Accurate lot dimensions of the property involved
  - Location of existing and proposed structure(s) & the distance between structures on the property, if applicable
  - The location, width and length of all current and proposed entrances and exits to and from the property.
  - Any easements on the property, their purpose (for i.e. "utility & drainage easements") and their widths
  - Indicate the extent (area) of the lot to be disturbed by construction
  - Proposed drainage
  - The common address, plat and parcel number(s) of the subject property shall be noted on the survey.
- List of all adjacent owners to the property involved** (adjacent owners are only those that share a common property line with the subject property)
- Any additional information required by the Zoning Officer or the Plan Commission Office.**
  - Architectural elevations
  - Sign plans
  - Floodplain Certifications
  - COA – Certificate of Appropriateness
  - Other

\*Any application filed by the necessary deadline and unsupported by site plan, engineer's report, or other documentation as may be deemed necessary by the Plan Commission staff, shall be determined "incomplete" and may not be docketed for the meeting agenda.

After an application is approved by the Staff, the applicant shall receive two Public Hearing signs, which are to be posted conspicuously on the property 15 days prior to the meeting.

This application is **NOT** a building permit

\_\_\_\_\_  
 Staff to Verify (Signature)

\_\_\_\_\_  
 Date

If deemed incomplete, notified applicant on \_\_\_\_\_, 2010

# SUBDIVISION

City Plan Commission  
Suite 329, City-County Bldg.  
New Albany, IN 47150  
(812) 948-5333

## APPLICATION FOR SUBDIVISION OF LAND

Preliminary Plat **(P)**  Secondary Plat **(S)**  (Check One)

DOCKET NO. \_\_\_\_\_

DATE FILED \_\_\_\_\_

1. **Address of Property for Subdivision** \_\_\_\_\_  
Print or Type (Also attach legal description)

Name of Applicant \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Phone No. \_\_\_\_\_

Applicant owns  options  property for Subdivision.

2. Owner of Property for Subdivision _____
Owner's Address _____
Owner's Phone No. _____

3. Present Zoning of Property: \_\_\_\_\_ Number of Lots: \_\_\_\_\_

4. Number of Acres: \_\_\_\_\_ Proposed Name of Subdivision \_\_\_\_\_ Number of Lots: \_\_\_\_\_

5. This Subdivision is for Residential  Commercial  Industrial  Mixed  uses.

6. Has this proposed Subdivision been platted previously? Yes  No  If Yes, Plat No.: \_\_\_\_\_

7. What is the current use of the property? \_\_\_\_\_  
\_\_\_\_\_

8. Has any other zoning or subdivision application been filed on this property? \_\_\_\_\_  
If so, describe and give date: \_\_\_\_\_

9. Hearing Date: \_\_\_\_\_

(May be completed by staff)

We the undersigned hereby state that we have provided a complete and accurate list of all adjacent property owners and their mailing addresses, (Exhibit 1, attached), as recorded in the New Albany Township Assessors Plats. In addition, we also petition the New Albany City Plan Commission for approval of the subdivision plat:

Architect/Engineer/Surveyor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone (office): \_\_\_\_\_

Application taken by: \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
(Applicant, as owner or approved agent)

Signed \_\_\_\_\_  
(Owner, if other than applicant)

### Adjacent Property Owners

- 1. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 2. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 3. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 4. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 5. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 6. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 7. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 8. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 9. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 10. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 11. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 12. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

If additional space is needed, please copy and attach separate page.